

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 678348 (4)  
1. Corporation Name  
CHARLES GREEN'S NURSERY OF FLORIDA, INC.

Principal Place of Business  
6284 W. BOYNTON BEACH BLVD.  
P.O. BOX 3645  
BOYNTON BCH FL 33424-0645

Mailing Address  
6284 W. BOYNTON BEACH BLVD.  
P.O. BOX 3645  
BOYNTON BCH FL 33424-0645

FILED  
Sep 23 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1980

4. FEI Number

59-2018577

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.



Yes

No

2. Principal Place of Business

21 6900 S. MILITARY TR  
Suite, Apt. #, etc.

22 City & State

23 LAKE WORTH FL  
Zip Country

24 33463

25 PALM BCH

2a. Mailing Address

26 P.O. BOX 3645  
Suite, Apt. #, etc.

27 City & State

28 BOYNTON BEACH FL  
Zip Country

29 33424

30 PALM BCH

9. Name and Address of Current Registered Agent

LEGUM, E. WAYNE  
17170 WHITEHAVEN DR  
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
DVS	WOODALL, CHARLES B., JR.	311 BUCKHEAD AVE. N.E.	ATLANTA GA	<input checked="" type="checkbox"/>
D	WOODALL, JOAN D.	311 BUCKHEAD AVE. N.E.	ATLANTA GA	<input checked="" type="checkbox"/>
DP	LEGUM, E. WAYNE	17170 WHITEHAVEN DR	BOCA RATON FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	15
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

9/10/98

561 737-2776

CR2E034 (5/98)